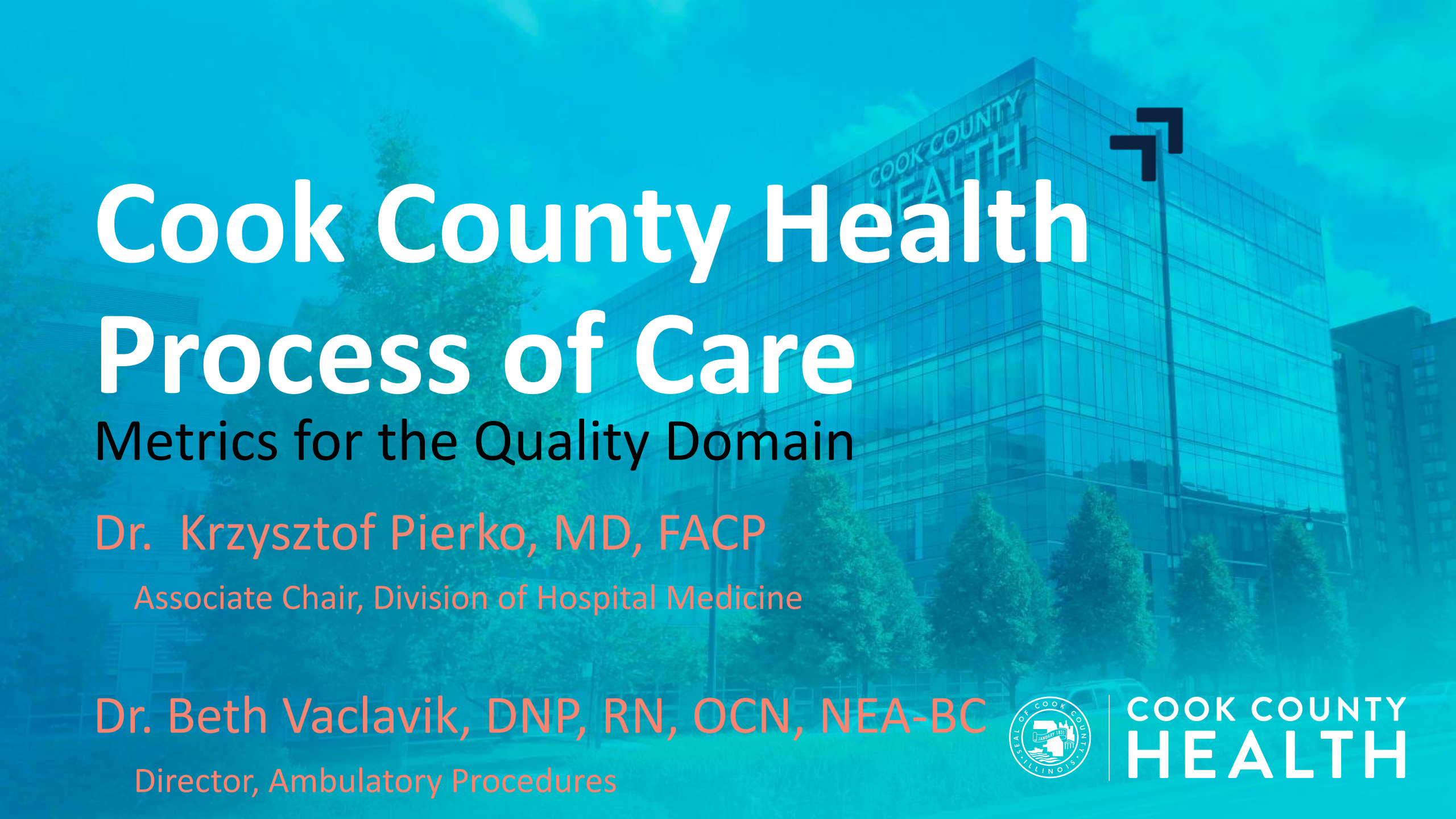


Cook County Health Process of Care

Metrics for the Quality Domain

Dr. Krzysztof Pierko, MD, FACP

Associate Chair, Division of Hospital Medicine

Dr. Beth Vaclavik, DNP, RN, OCN, NEA-BC

Director, Ambulatory Procedures

COOK COUNTY HEALTH

Process of Care Metrics

Rate of Excess Days

- Heart Failure
- Pneumonia
- Myocardial Infarction

Excess days are the number of days spent:

1. **Emergency dept**
2. **Observation stay**
3. **Unplanned inpatient readmission**

Hospital Acquired Conditions

- *C difficile* Infection
- CAUTI (Catheter associated urinary tract infection)
- Total Hip/Knee Complications

PSI-90 Composite (Patient Safety Indicator)

- PSI-03 (pressure ulcer)
- PSI-06 (Pneumothorax)
- PSI-09 (Periop hemorrhage)
- PSI-11 (Post op respiratory failure)
- PSI-12 (PE/DVT)
- PSI-13 (Postop sepsis)

ED Left without being seen

- Median ED Time (admit)
- Median ED Time (discharge)
- Admit Decision to ED Depart

COOK COUNTY HEALTH

Excess Days in Acute Care

Dr. Poushali Bhatthacharjee, MD, MS

Attending Physician, Division of Hospital Medicine

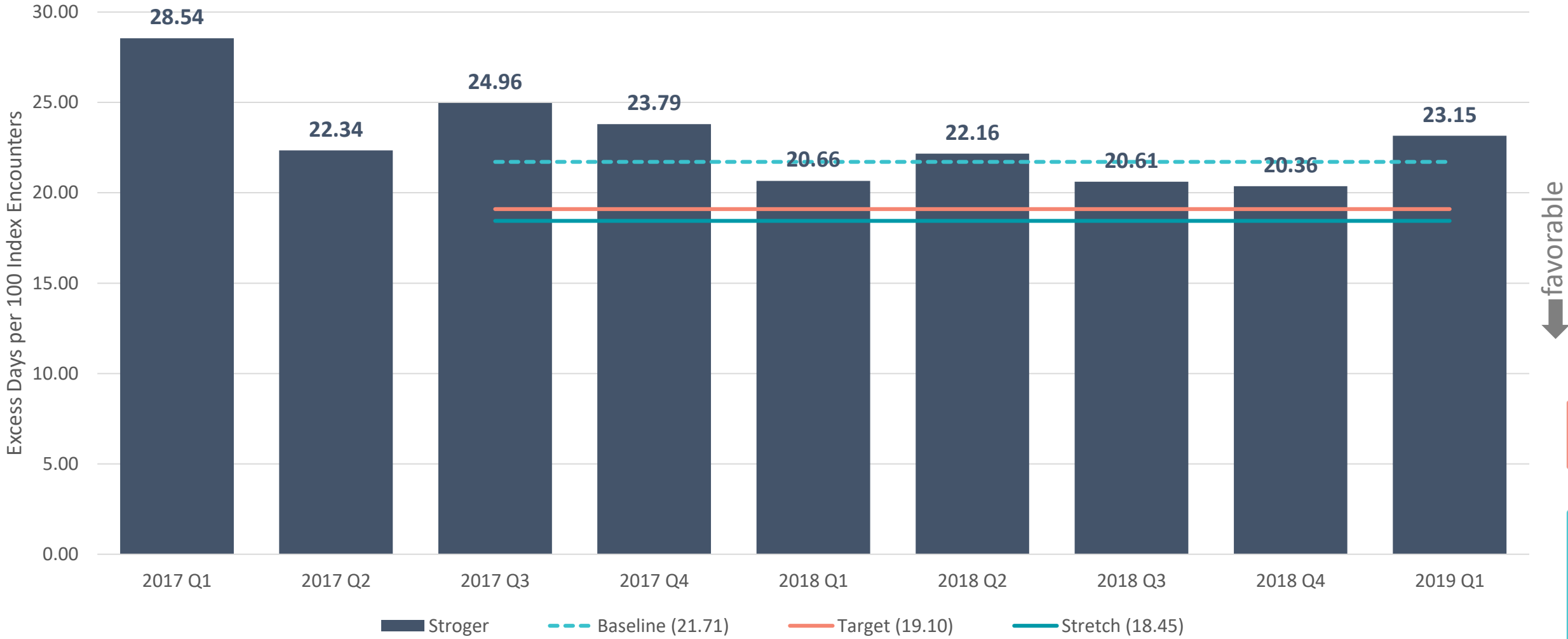
Darleen Vlahovic, RN, MBA, BSN

Director, Medical Surgical Nursing

COOK COUNTY HEALTH

Excess Days in Acute Care (days spent in ED, observation, or unplanned readmission)

Excess Days per 100 Index Encounters

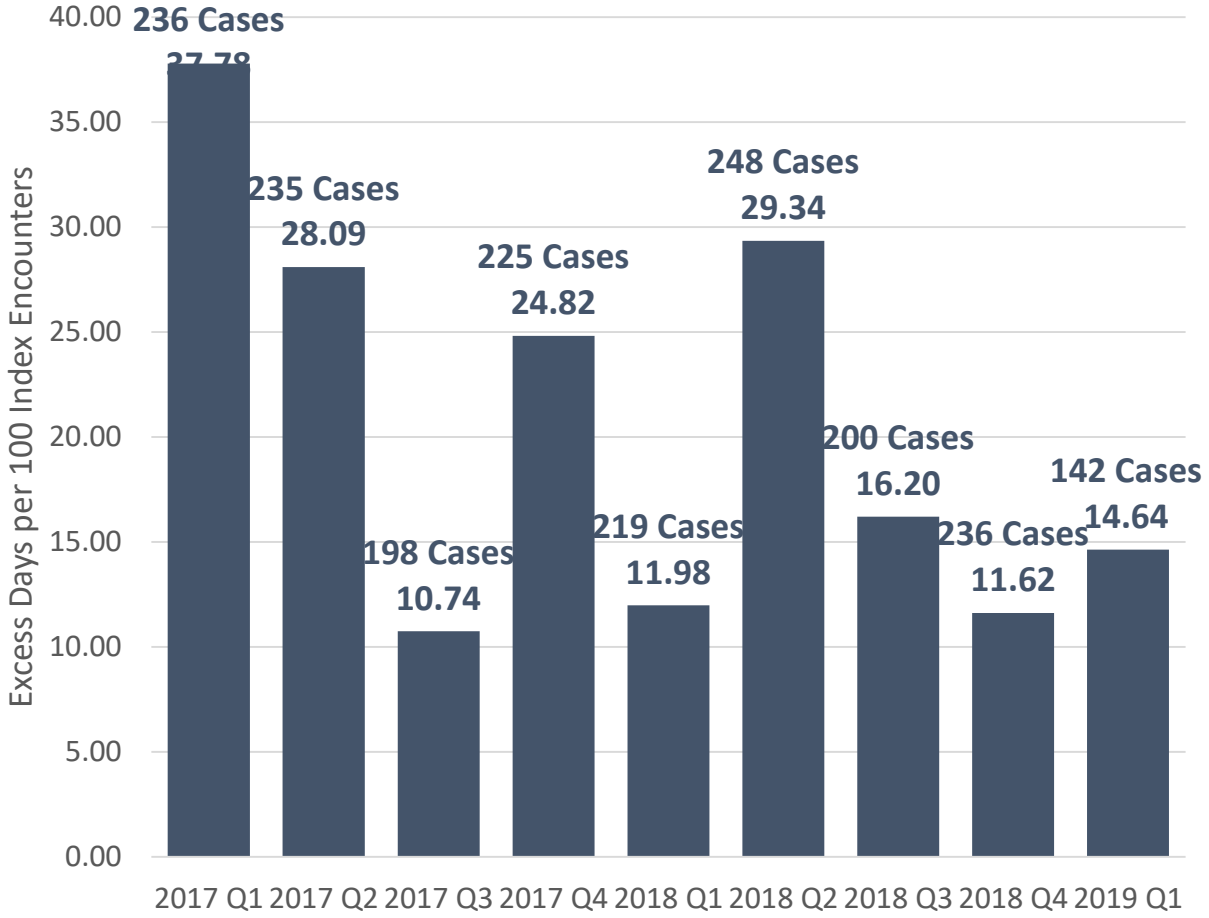


Data Source: Vizient Clinical Data Base
Baseline Period: July 2017 to June 2018
Preliminary Data: March 2019
Readmissions, Observation Stays, and ED Visits within 30 days of index visit discharge

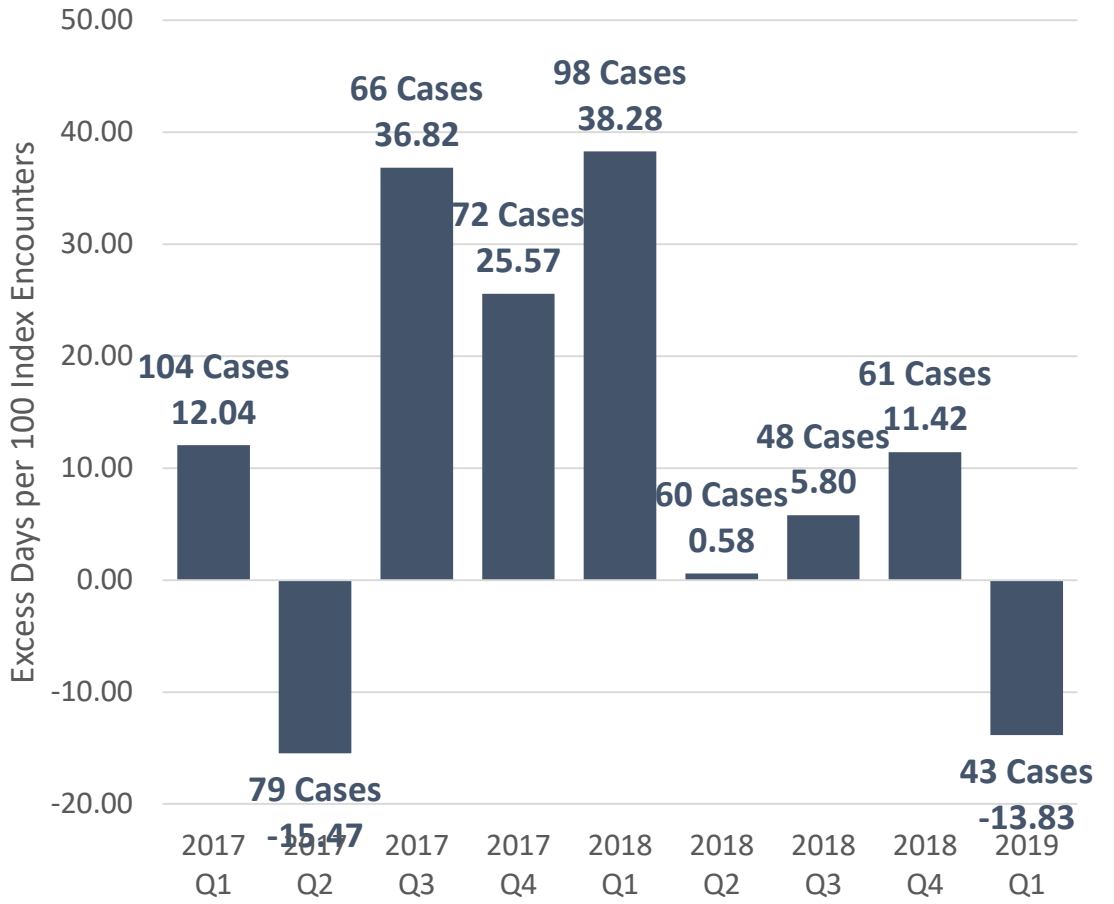
COOK COUNTY HEALTH

Excess Days in Acute Care – Heart Failure

Heart Failure



Pneumonia



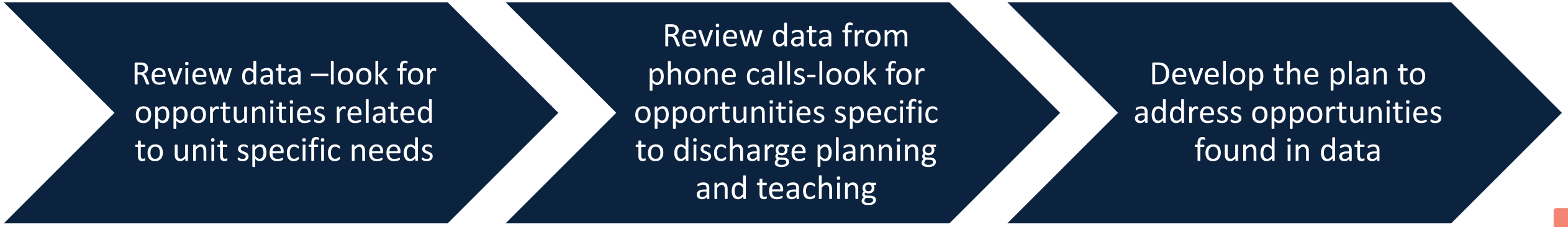
COOK COUNTY HEALTH

Data Source: Vizient Clinical Data Base
Preliminary Data: March 2019
Readmissions, Observation Stays, and ED Visits within 30 days of index visit discharge

Excess Days – Plan-

- Top Performing Measures
  - Pneumonia
- Opportunity for Improvement
  - Heart Failure: 3 domains
    1. Inpatient management
       (targeting high risk and advanced heart failure)
    2. Discharge process
       (Cardiology APN for discharge)
    3. Transitions of care
       (4 Flex (inpatient unit) piloting post-discharge calls)

Our plan to decrease excess days for patients with Heart Failure



COOK COUNTY HEALTH

Hospital Acquired Conditions

CAUTI – catheter associated urinary tract infection
CDI – clostridium Difficile Infection
THNC – Total hip & Knee complications

Dr. Sharon Welbel, MD

System-wide Director of Infection Control & Hospital Epidemiology

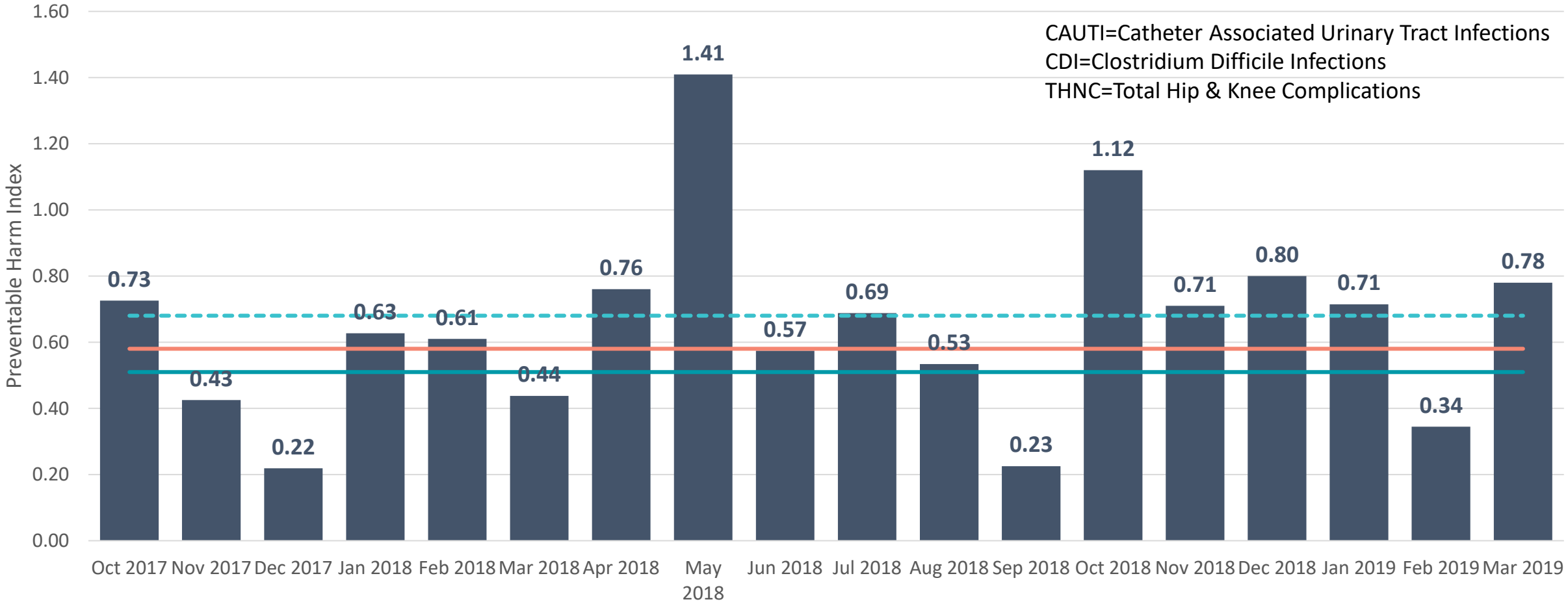
Dr. Jeannette White, DNP, RN, NE-BC

Director of Nursing Professional Development and Education

COOK COUNTY HEALTH

Cook County Preventable Harm Index

Total Harm Events per 1,000 Patient Days= $\frac{\text{\# of CAUTI + \# CDI + THNC}}{\text{Total Patient Days}}$ X 1,000

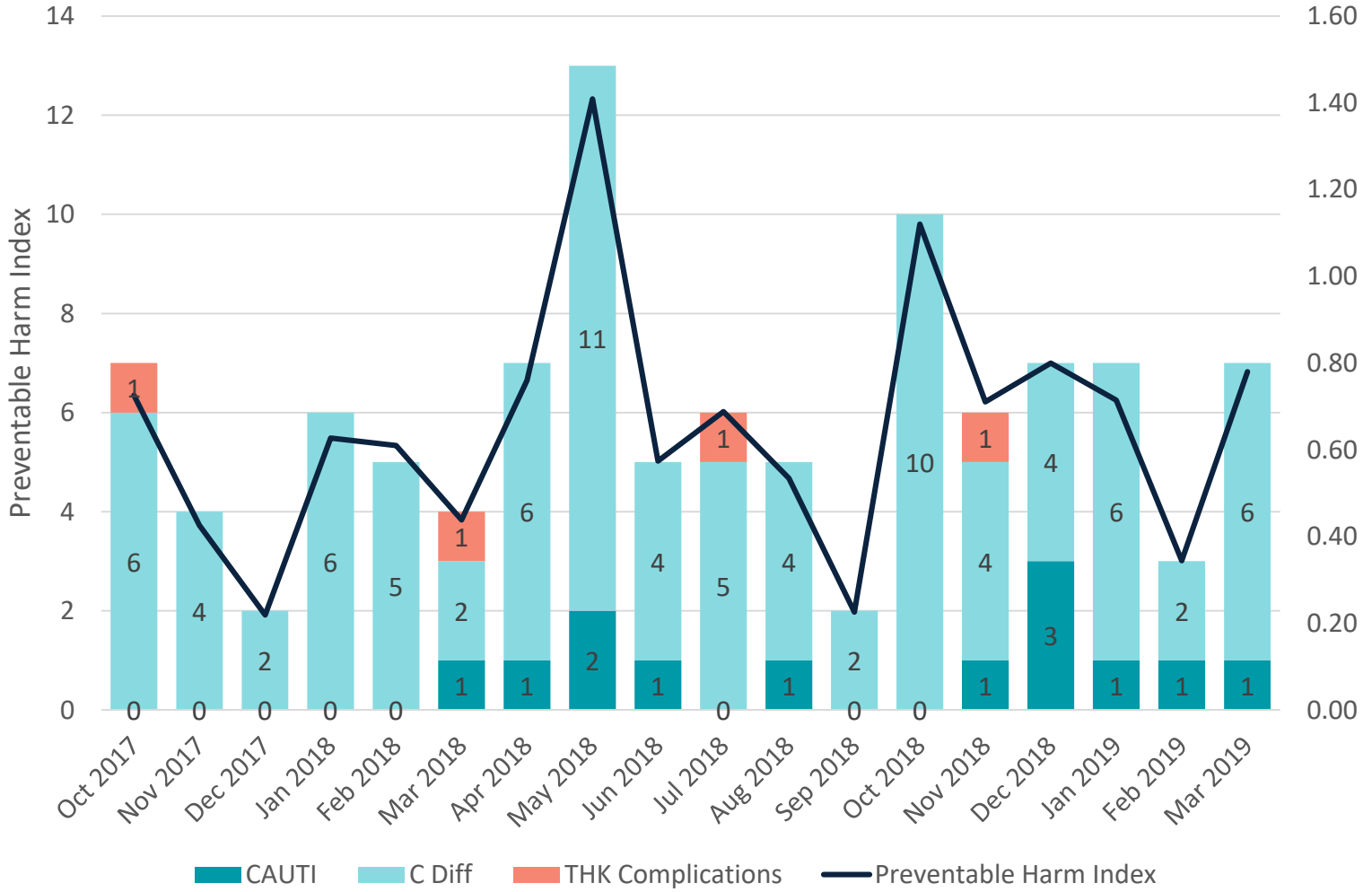


Data Source: Vizient Clinical Data Base and CDC-NHSN/BI Tableau
Preliminary Data: March 2019

COOK COUNTY HEALTH

Cook County Preventable Harm Index

Total Harm Events per 1,000 Patient Days



Top Performing Metric:

*Catheter Associated UTI

Opportunities for Improvement:

**C. diff* infection

*Total Hip & Knee Complications

favorable

COOK COUNTY HEALTH

Data Source: Vizient Clinical Data Base and CDC-NHSN/BI Tableau

Preliminary Data: March 2019

Planning

- Enhance Nursing Education regarding *C. diff* infections, etiology and impact
- Develop a nurse driven protocol enabling a nurse to send specimens for a *C. diff* test without an order within the first 48 hours of admission based on RN assessments and patient report
- Expand hand hygiene campaign with further monitoring for both hand hygiene and applying/removing personal protective equipment

What we are currently doing

- Electronic rounds
- Physical rounds
- Soap & water signs
- Placing patients on isolation quickly
- Environmental awareness

Our Plan

Goal is to decrease *C. diff* infections by 40% (SIR 0.6) by 12/19

Nursing Education on *C. diff* awareness

Nurse Driven Protocol to order *C. diff* testing within 72 hours of admission

Handwashing and PPE monitoring

COOK COUNTY HEALTH

PSI-90 Composite
(patient safety indicator)

Dr. Steve Bonomo, MD

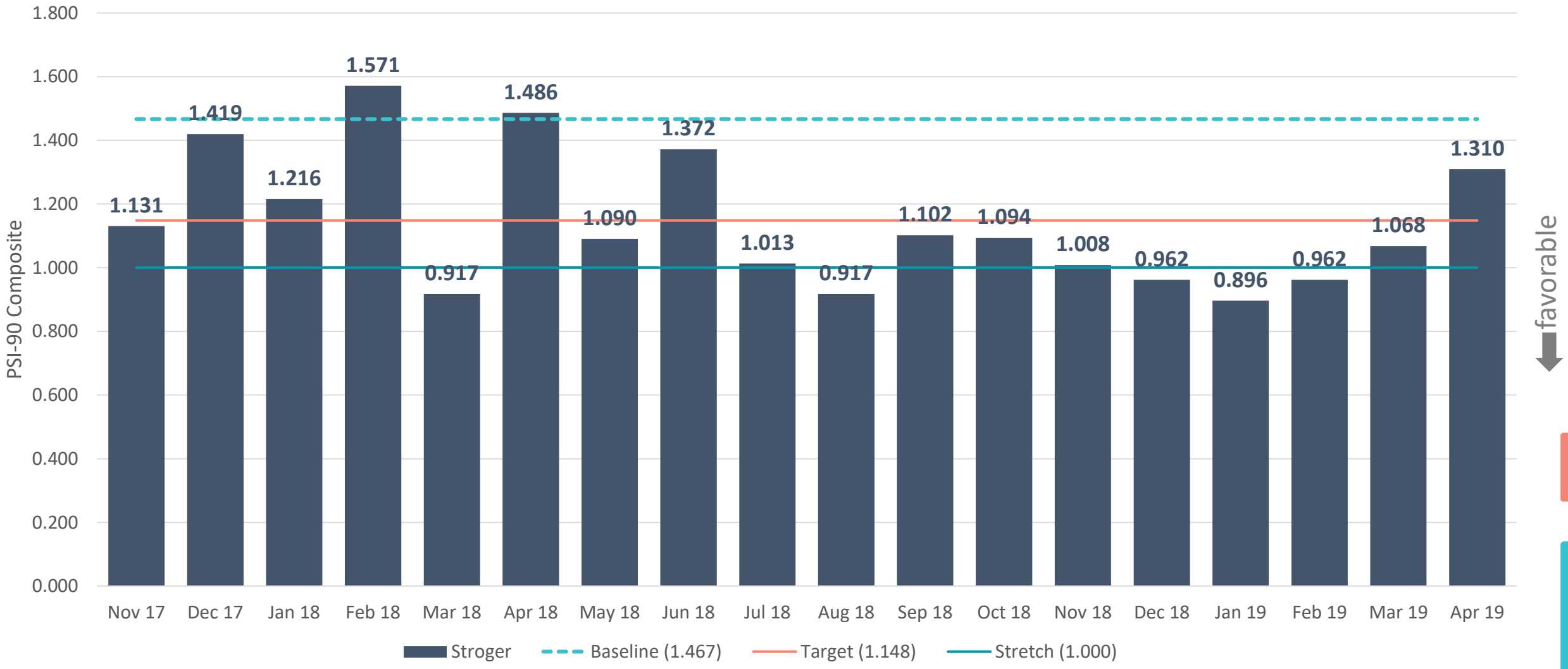
Associate Chair, Department of Surgery

Margaret Carroll, MS, MBA, RN

Associate Nurse Executive, Nursing Quality,
Professional Development and APRN Practice

COOK COUNTY HEALTH

Patient Safety and Adverse Events Composite (PSI-90)



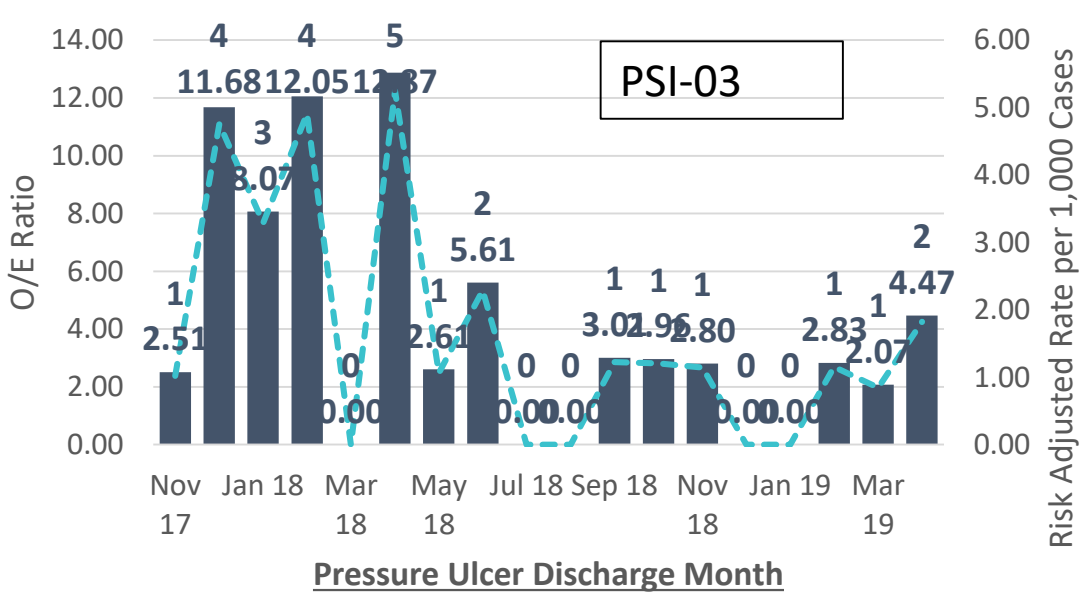
COOK COUNTY HEALTH

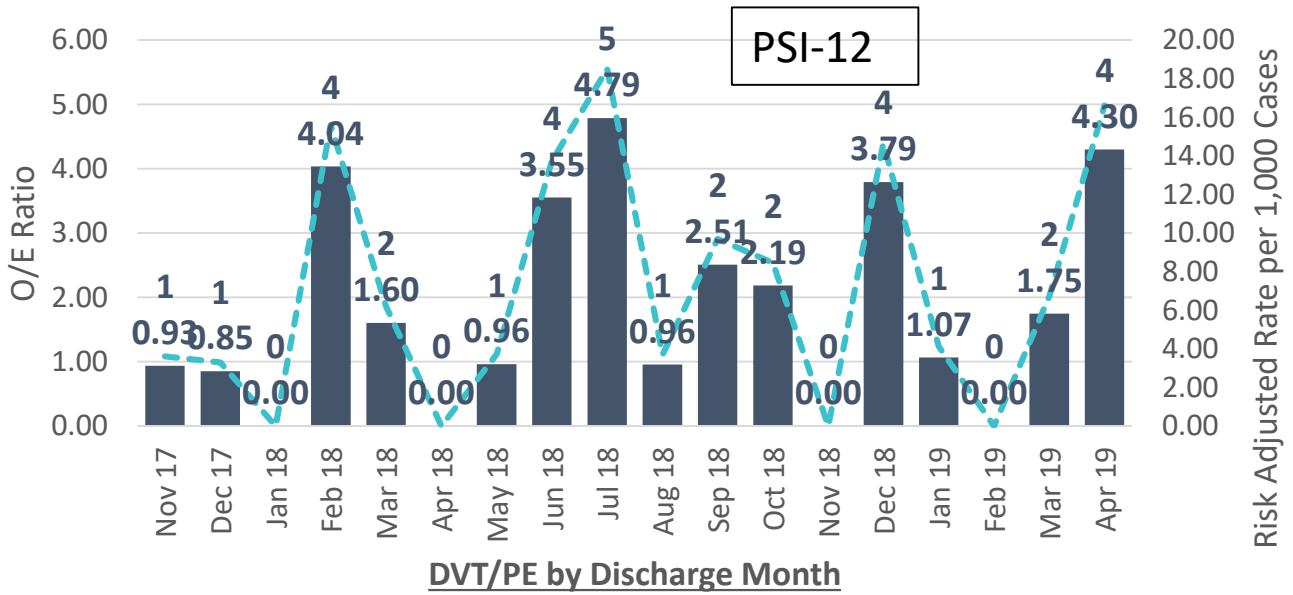
Data Source: Vizient Clinical Data Base
Baseline Data: July 2017 to June 2018
Preliminary Data: March and April 2019

PSI -90 Composite (Cook County PSI-90 includes 6/10 identified in the CMS PSI-90)

- Top Performing Metrics
  - PSI-06 (pneumothorax)
  - PSI-09 (periop hemorrhage)
  - PSI-11 (respiratory failure)
- Opportunities for Improvement
  - PSI-03 (Pressure Ulcer)
  - PSI-12 (Perioperative Pulmonary embolism/deep venous thrombosis, known as VTE-venous thromboembolism)
  - PSI-13 (post op sepsis)

O/E Ratio and Risk Adjusted Rate per 1,000 Cases





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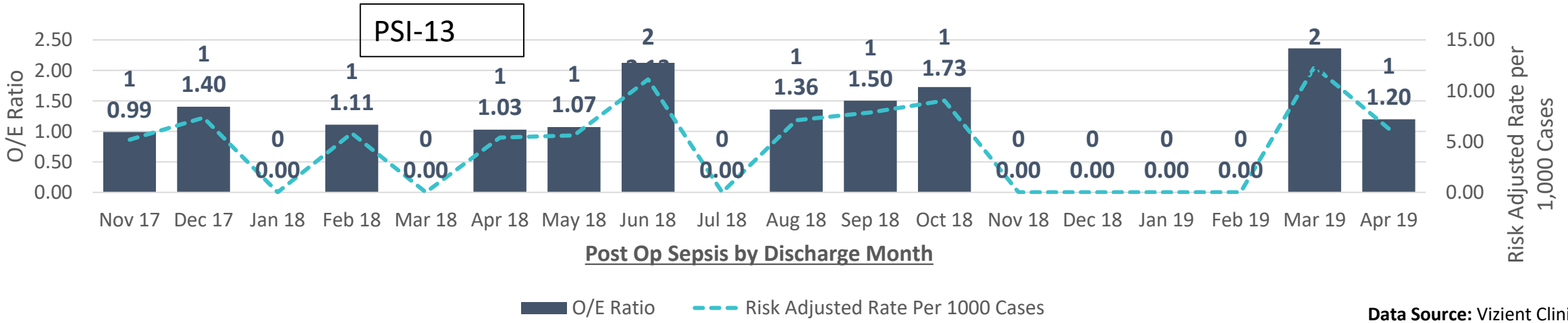


Data Source: Vizient Clinical Data Base
Baseline Data: July 2017 to June 2018
Preliminary Data: March and April 2019
*Stage III or IV hospital acquired; O/E Ratio above 1.000 indicates performance worse than reference population

COOK COUNTY HEALTH

Current Processes for VTE and HAPI prevention

- Quarterly Prevalence surveillance with action planning (Incidence surveillance to be added in September)
- Braden Assessment and VTE(venous thromboembolism) Risk Assessment
- Inclusion of at risk patients and prevention strategies during hand off
- Optimization of mechanical devices such as sequential compression devices (SCD) to prevent VTE
- Turning Clock and Turning Schedules
- Wound/Ostomy nurses serving as consultants to physicians and staff receiving notification of all at risk patients

Planned Interventions-VTE

Current State:

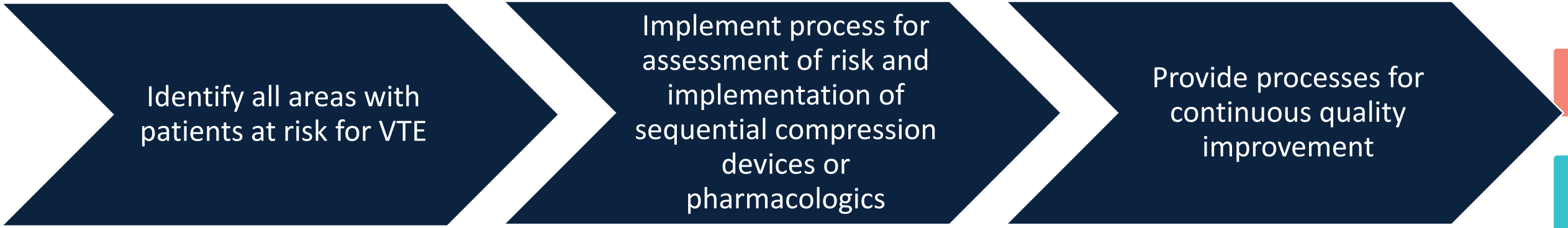
*Inpatient units have sequential compression devices for inpatients

*a risk assessment tool for VTE

Future State:

*Evaluate use of sequential compression devices for outpatients undergoing procedures > 1 hour or requiring anesthesia

*Create a standard VTE prevention plan for all areas such as endoscopy



COOK COUNTY HEALTH

Planned Interventions-Pressure Ulcer

Project aim: To recommend, develop and implement evidence-based practices relative to skin care and pressure injury prevention and intervention at Cook County Health System

GOAL: Decrease HAPI by 15% by 11/2019

Reduce all HAPI to meet unit-specific NDNQI Benchmark for 3 out of 4 quarters in FY 19-20

COOK COUNTY HEALTH

Left without Being Seen

Dr. Lauren Smith, MD, MBA

Chair of the Division of Observation & Quality Department of Emergency Medicine

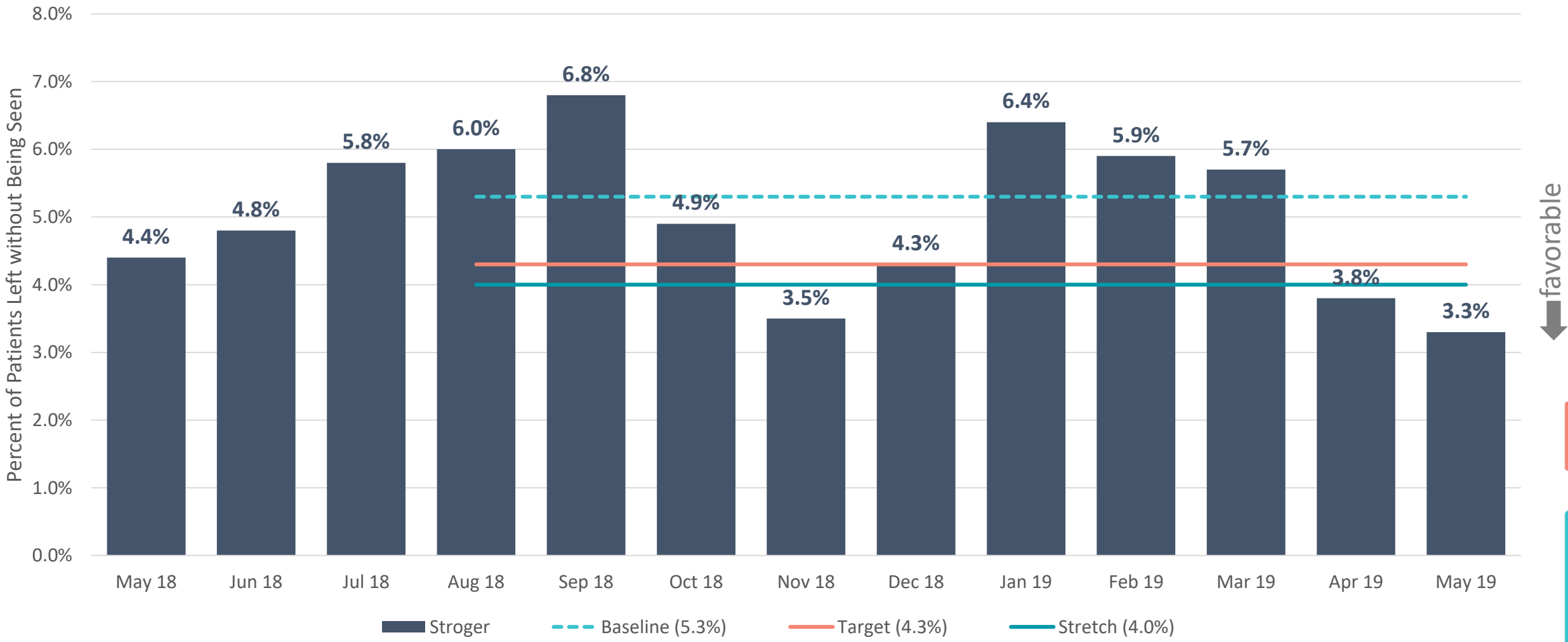
Dr. AnnMarie McDonagh, DNP, RN, MBA

Director, Emergency Room Nursing

COOK COUNTY HEALTH

Left without Being Seen

Patient Encounters in ED that Ended with Patient Leaving Before Being Seen by Certified Physician



COOK COUNTY HEALTH

Data Source: BI
Baseline Period: Aug 2018 to Jan 2019

ED

Three Metrics to Review

Median ED Time from Arrival To Depart (admit)

Median ED Time from Arrival To Depart (discharge)

Left Without Being Seen

COOK COUNTY HEALTH

Left Without Being Seen

- Have exceeded our stretch!

How did we do it?

Our list of interventions:

1. Focus on throughput by staff
2. Internal Waiting rooms helped with gaining more space and our new yellow team and green team changes
3. Education of clerks
4. Charge RN Education
5. Shift change report with charge RNs and Coordinators daily to review metrics in real time

Our Plan

COOK COUNTY HEALTH

Questions?

COOK COUNTY HEALTH